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2011 JUN -6 AM 11: 05

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)				•
Susan L. Adams				
(b) Address (number and street) 225 Roundtree Way	Check if address changed		2. Identification Number	
(c) City, State, and ZIP Code			3. Is This No	w Amended
San Rafael, CA 94903			Statement (N	1 1
4. Party Affiliation	5. Office Sought	6. State & Distri		
Democratic	House	California	6th District	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election)				
NOTE: This designation should be filed with the appropriate office listed in the instructions.				
(a) Name of Committee (in full)				
Susan Adams for Co	ongress		·	
(b) Address (number and street)				
68 Mitchell Blvd., Suite 250				
(c) City, State, and ZIP Code				
San Rafael, CA	94903			
DE	SIGNATION OF OTHER AU	THORIZED (COMMITTEES	
	(Including Joint Fundraisir			•
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.				
NOTE: This designation should be filed with the principal campaign committee.				
NOTE: This designation should be f	iled with the principal campaign commit	ee.	,	
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	iled with the principal campaign commit	ee.	·	
(a) Name of Committee (in full)	iled with the principal campaign commit	ee.		
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(a) Name of Committee (in full) None (b) Address (number and street)	iled with the principal campaign commit	ee.		
(a) Name of Committee (in full) NONE (b) Address (number and street) (c) City, State, and ZIP Code			d heliaf it is true correct	and complete
(a) Name of Committee (in full) NONE (b) Address (number and street) (c) City, State, and ZIP Code	iled with the principal campaign commit			and complete.
(a) Name of Committee (in full) NONE (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exa	mined this Statement and to the best of		nd belief it is true, correct Date 5-31-1	and complete.
(a) Name of Committee (in full) NONE (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exa	mined this Statement and to the best of	my knowledge ar	5-31-1	
(a) Name of Committee (in full) None (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exa	mined this Statement and to the best of	my knowledge ar	5-31-1	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 5/3//11
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Con	firmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	·
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
JMP	6/6/11
PREPARER (3/2005)	DATE PREPARED